## M1500000 B579

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
\$ 25,00								

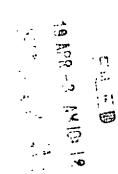
Office Use Only



300327052843

04/03/19--01012--001 \*\*75.00

S TALLENT APR 1 5 2019



KIN-CA

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations Pennmanner Community 1st Advisors LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shelley Sturges Name of Person 5401 N. Central Expy., Suite 300 Firm/Company Address Dallas, TX 75205 City/State and Zip Code legal@associaonline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shelley Sturges Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Pennmanner C	Comm	unity 1st A	dvisors LLC	1. Name of the limited liability company: Pennmanner Community 1st Advisors LLC							
2. (	a)	2800 West State Road 84	(b) 2800 West State Road 84										
\	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 118										
		Suite 118											
		Fort Lauderdale, FL 33312	_	Fort Lauderdale, FL 33312									
		10/26/2015	M15000008579										
3.		Date of filing/registration in Florida	4.		Document number			_					
5.	(a)	NRAI Services, Inc.											
	()	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	e Florida	Dept. of State	:								
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u> </u>									
				_									
		Plantation	33324				( <b>2</b> 0						
	'L'	, FI		- <u>-</u>		- <del> </del>							
,		C T Corporation System					. <b>.</b>	Fair E					
(	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				[17] <b>653</b>							
		1200 South Pine Island Road			<u>.</u>	т ,м	75 (C) 19	715					
		NEW Registered Office Address:	_										
		Plantation FL	33324 -										
the ager	chai it w /we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the operating agreement of the liability of the liability.	he regis pility co the lim	stered office ompany, it is lited liability	and the business offichereby confirmed that company or as other	ce o	f the r e char	registered nge(s)					
Brian Kruppa, Attorney in fact							·						
		are of a member or authorized representative of a member			Printed or typed name of	~							
prov the o to m noti	visio obli pere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act erform for in C ereby co	in this capa ance of my d Chapter 605, onfirm that t	city. I further agree thaties, and I am famili F.S. Or, if this docu he limited liability co	lo co ar w men inpa	omply vith an t is be my ha	with the nd accept ging filed s been					
Sign	atur	e of Registered Agent Howard L. Volz, Assistant Secretary											